

## PART B - FEE(S) TRANSMITTAL



Complete and sen gogether with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance fee notifications.	directed otherwise in	Block I, by (a) specify	ing a new o	orrespondence address	; and/or (b) indicating a sep	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
200	004168005			papers. Each addition	al paper, such as an assignment	ent or formal drawing, must	
STAAS & HALSEY LI	09/16/2005 D						
SUITE 700	J.P			Cer I hereby certify that the	rtificate of Mailing or Trans his Fee(s) Transmittal is bein	smission or deposited with the United	
1201 NEW YORK AVENUE, N.W.				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
WASHINGTON, DC 2000			transmitted to the USF	PTO (571) 273-2885, on the o	date indicated below.		
2/09/2005 MBEYENE2 00000009 193935 10679318			(Dep			(Depositor's name)	
01 FC:1504					(Signature)		
2 FC:1501 300.00 DA 1100.00 OP					, in	(Date)	
APPLICATION NO. FI	LING DATE	FIRST NAMED INVI		ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/679,318 10/07/2003		Tetsuaki Kato			392:1821	5232	
TITLE OF INVENTION: SPOT WEI	LDING SYSTEM AN	D METHOD OF CONT	ROLLING	RESSINGFORCE OF	SPOT WELDING GUNIV	o the following	
				listed lead	$\Lambda \sim 0.0$	KEN21700	
				35T 8	RESULT \$	1400. W	
APPLN. TYPE SM	ALL ENTITY	ISSUE FEE	P	BLICATION FEE		7 7	
nonprovisional	NO	\$1400	<del>.,_ l</del>	\$300	\$1700	12/16/2005	
EXAMINER	<del></del>	ADTIBUT	1 6	LASS-SUBCLASS	1	,	
<del></del>		ART UNIT			J		
SHAW, CLIFFORD C		1725	<u>.</u>	219-086410		<del>-</del>	
1. Change of correspondence address CFR 1.363).	`	I CONTROL TO THE CONTROL TO					
- Change of correspondence add	ress (or Change of Cor	respondence (1) the	e names of tents OR, alte	up to 3 registered pater matively,	it attorneys -STAAS	S & HALSEY LL	
Address form P10/SB/122) attach	ea.	(2) the	e name of a	single firm (having as a or agent) and the nam	member.a 2		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDE	NCE DATA TO BE P	RINTED ON THE PAT	ENT (print	or type)			
PLEASE NOTE: Unless an assign recordation as set forth in 37 CFR	nee is identified below 3.11. Completion of the	v, no assignee data will nis form is NOT a substi	appear on t tute for filin	he patent. If an assign g an assignment.	ee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (E			B) RESIDENCE: (CITY and STATE OR COUNTRY)				
FANUC LTD		YAM	ANASH:	I, JAPAN			
Please check the appropriate assignee	category or categories	(will not be printed on t	he patent):	☐ Individual ☑ Co	orporation or other private gro	oup entity Government	
4a. The following fee(s) are enclosed:		4b. Paymen	t of Fee(s):				
Issue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to				
Advance Order - # of Copies _	<del></del>	La The Deposit	Director is I Account Nu	nereby authorized by cl mber <u>19-393</u>	harge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).	
5. Change in Entity Status (from sta		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>		
a. Applicant claims SMALL El	NTITY status. See 37 (	CFR 1.27. 🚨 b. Ap	plicant is no	longer claiming SMA	LL ENTITY status. See 37 Cl	FR 1.27(g)(2).	
The Director of the USPTO is request NOTE: The Issue Fee and Publication interest as shown by the records of the	Fee (if required) will	not be accepted from an	if any) or to yone other t	re-apply any previously nan the applicant; a regi	y paid issue fee to the applica stered attorney or agent; or th	ition identified above. ne assignee or other party in	
Authorized Signature	-CAfar	4	- ''	Date	2-7-05		
	HN C. GAR	VEY		Registration	No. 28,607		
This collection of information is requi an application. Confidentiality is gow submitting the completed application this form and/or suggestions for redu Box 1450, Alexandra, Virginia 2231: Alexandria, Virginia 22313-1450.							

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.